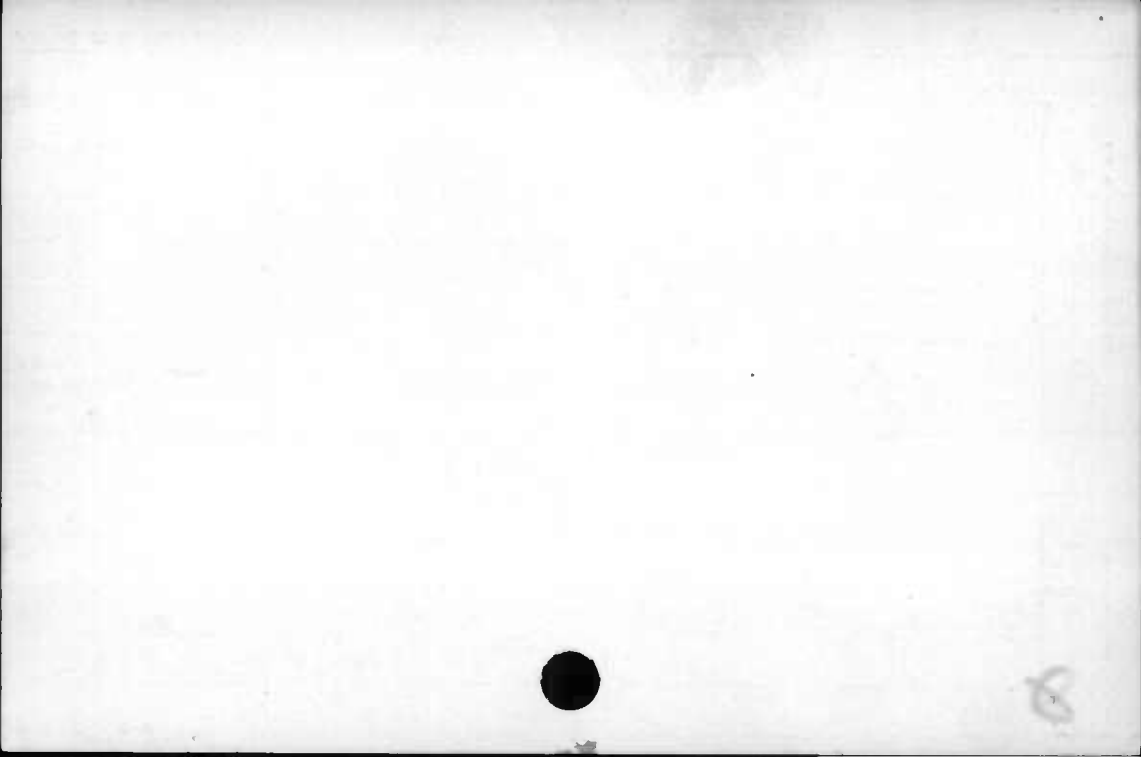


Name in Full		Margaret Bland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	near Cross Roads				Charles		
	Date of death		Month	Day	Years	Months	Days
	1906		11	17	Age 53		
	Sex		Color or Race		Birth-place		
	Female		Black		Mid		
Occupation		Where Residing if not at place of death					
Mid wife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Thomas Bland					
Father's Name		John King				Father's Birthplace	
						Mid	
Mother's Maiden Name		Amanda King				Mother's Birthplace	
						Mid	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		Paralyses of The Brain		How long	
					2 days	
	Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		YES		Signature of Physician		
				Address		
				James M. Altheda		
				Sub Registrar		
Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

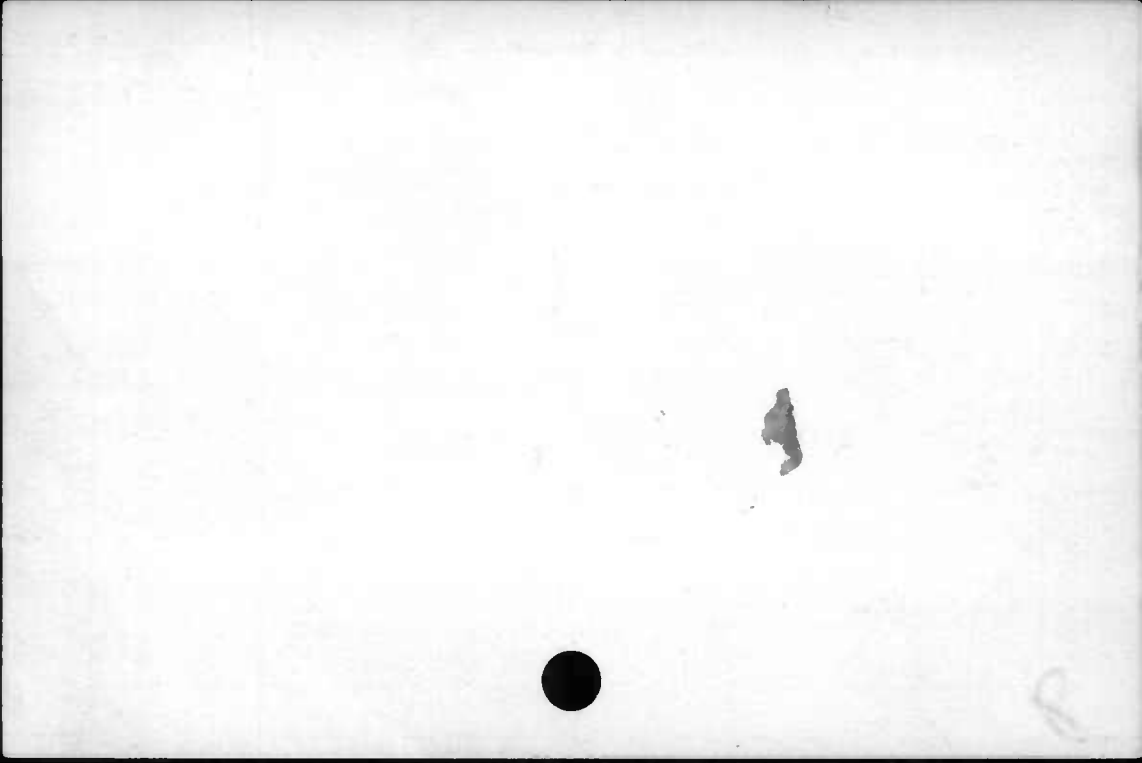
MARYLAND

Died at <i>near Port Tobacco</i>		Town <i>Port Tobacco</i>		County <i>Charles</i>	
Date of death	1906	Month	11	Day	17
Age	68	Years		Months	7
Sex	Male	Color or Race	White	Birth-place	Chas - Co
Occupation	Farmer		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	Ann Catherine Boswell		
Father's Name	Riggin A Boswell		Father's Birthplace	Chas. Co. Md	
Mother's Maiden Name	Lucinda Ann Locket		Mother's Birthplace	" " "	
Name of person giving information	Thos. H. Boswell		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	About 3 years
Immediate	Exhaustion & Coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jno. T. Diggins
		Address	Port Tobacco Md
Accident or Suicide?	No		



Name
in
Full

Ellen E. Choo

CERTIFICATE OF DEATH

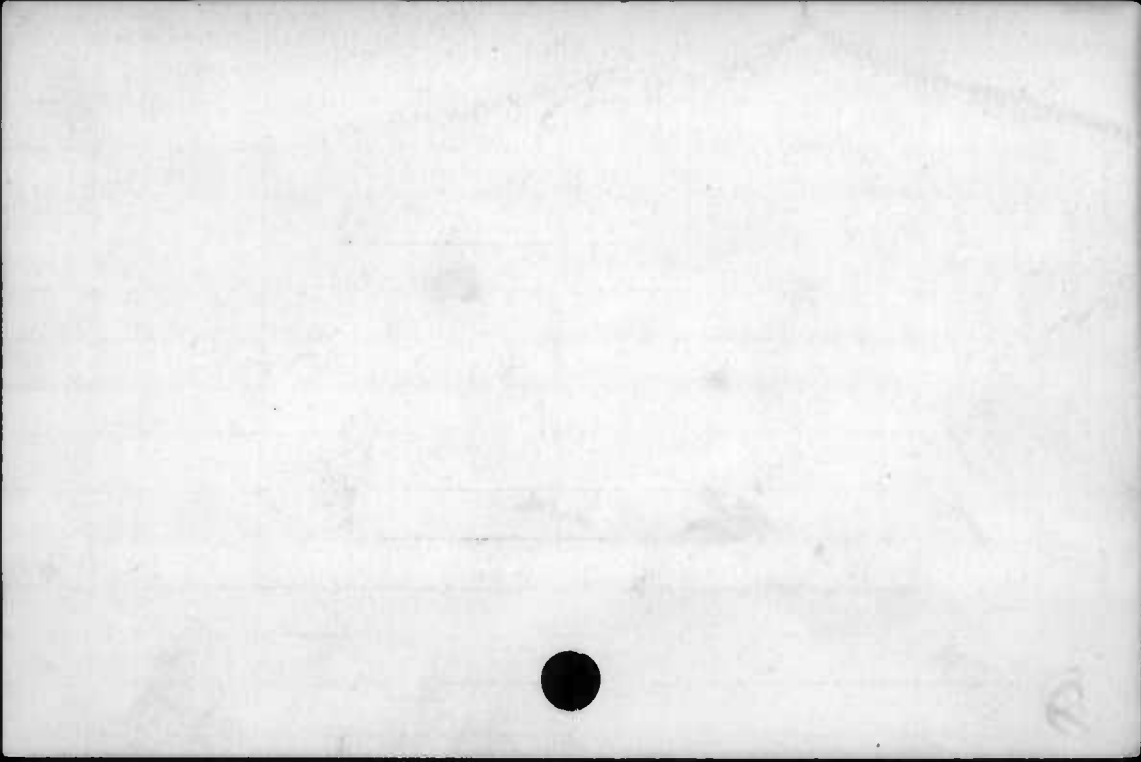
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i>		Town <i>Choo</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>William Choo</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Louise A. Haring</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>William Choo</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Load</i>	How long <i>5 da</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Helechospen Ind</i>
	Address <i>Kerryhine Ind</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

CERTIFICATE OF DEATH

William F. Cook.

MARYLAND

Died at ^{Town} Marshall Hall ^{County} Charles

Date of death 1906 ^{Month} Nov. ^{Day} 4 ^{Age} 44 ^{Years} 44 ^{Months} ^{Days}

Sex male. Color or Race White.

Birth-place Pr Geo Co.

Occupation Farmer. Where Residing (not at place of death)

~~Married~~ ^{Widowed} Name of Wife or Husband

Father's Name William Henry Cook.

Father's Birthplace Pr Geo Co Md.

Mother's Maiden Name Francis Ann Bolden.

Mother's Birthplace Pr Geo Co Md.

Name of person giving information

How related to deceased son.

CAUSES OF DEATH

Primary Rheumatism.

How long about 2 years.

Immediate Endo-carditis

How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician E. D. Smith, M.D.

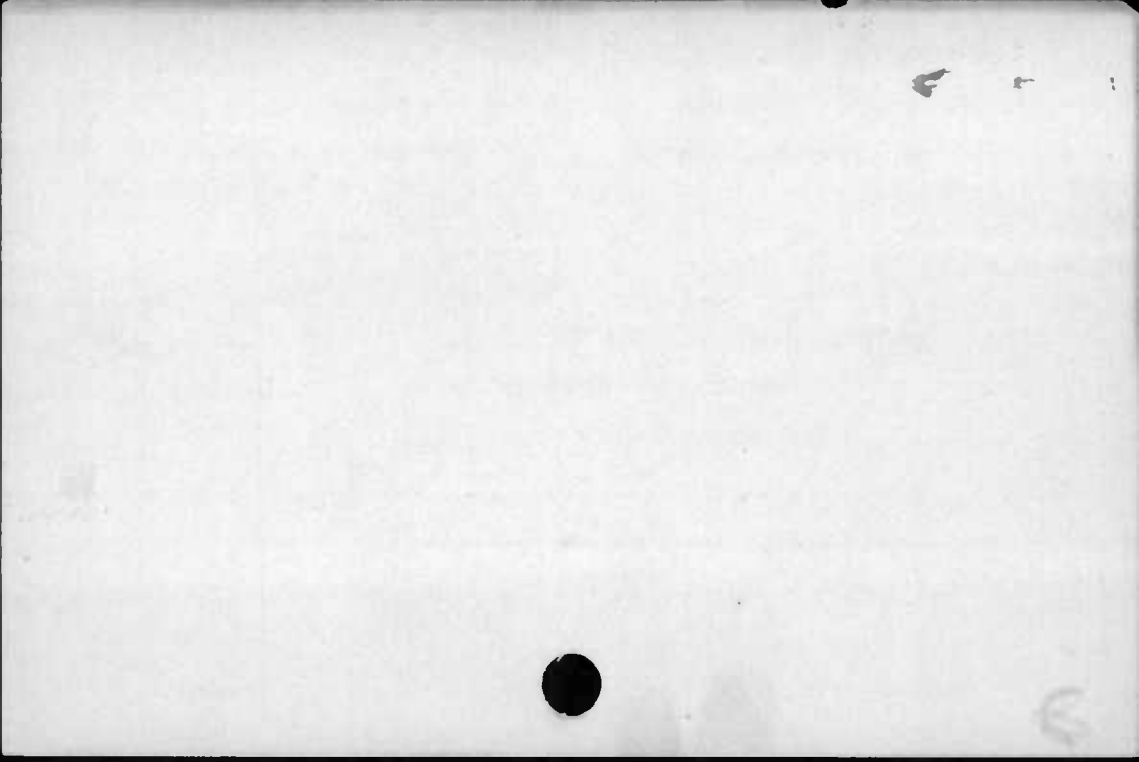
Address Chesapeake

Inc.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry Digges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>25th</i>	Years <i>Age about 30</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Katie Diggs (Adams)</i>				
Father's Name <i>Ignatius Diggs</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Jane Diggs</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Wm. D. Marshall</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 8 mos.</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	

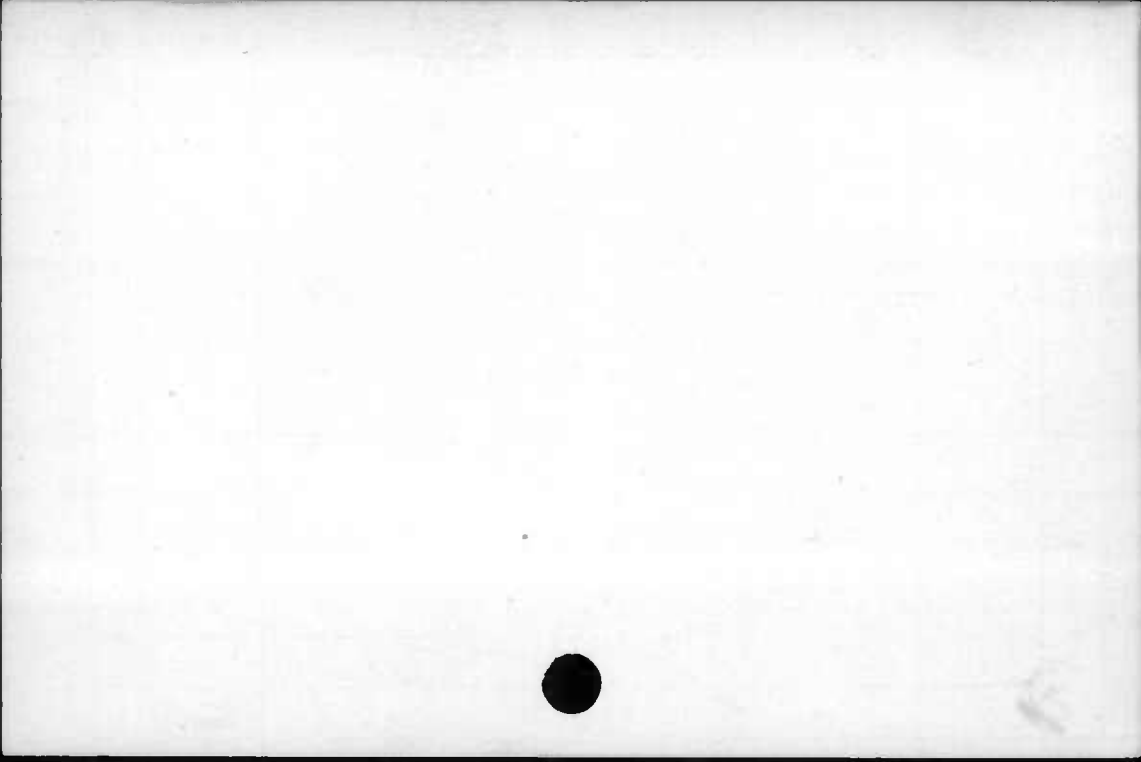
627

722
981
7.94

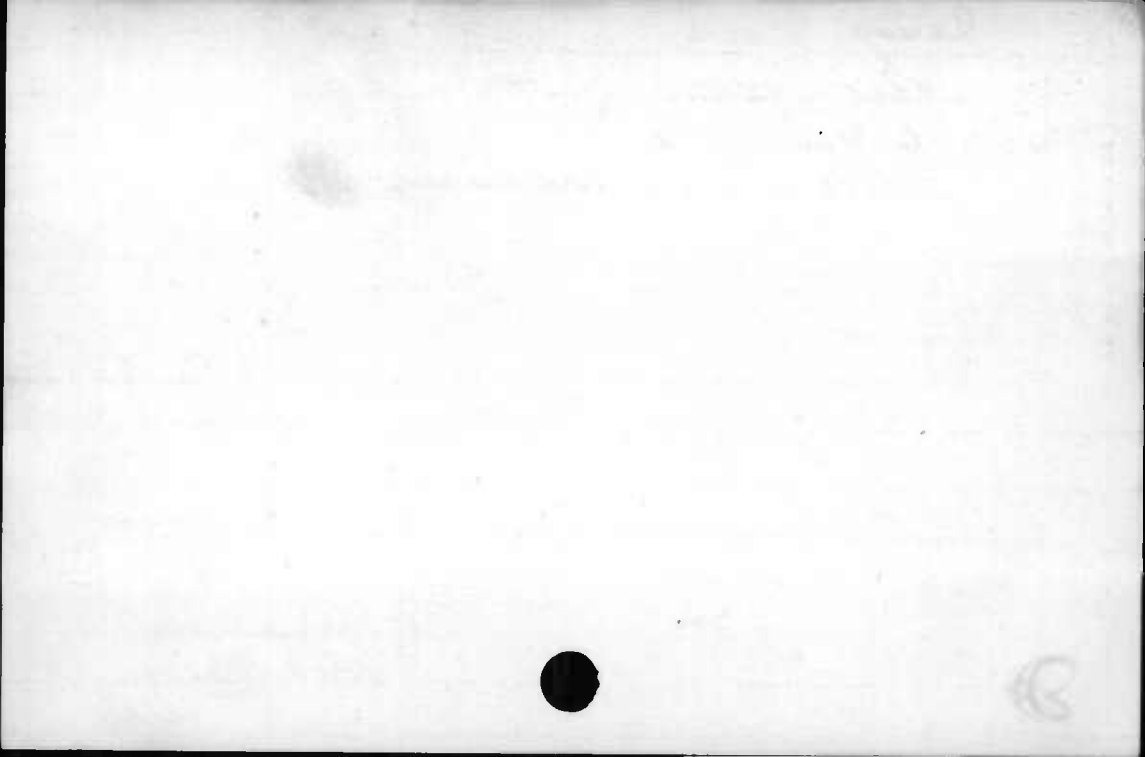
55
330
456
7.54
52.14
1.22

543.44
2.5
128-
130
112
112
112

Name in Full		Nancy Dorsey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Newport		County Chatham		MARYLAND	
	Date of death	1906	Month Nov	Day 4th	Age 90	Months	Days
	Sex	Female		Color or Race	Col		
	Occupation	None		Where Residing if not at place of death	Chas Lee		
	Married, Single or Widowed			Name of Wife or Husband	James Dorsey		
	Father's Name	Not Known				Father's Birthplace	
	Mother's Maiden Name	Not Known				Mother's Birthplace	
	Name of person giving information	Alexander Dorsey				How related to deceased	Grandson
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Old age			How long	1 month	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address		W. J. Galis S. H. Roy	
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Waldorf</i>		Town <i>Charles</i>		County
	Date of death <i>1906</i>		Month <i>Nov</i>	Day <i>6</i>	Age <i>3</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas Co Md</i>
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Mrs C. Duckett</i>		Father's Birthplace <i>Chas Co Md</i>		
	Mother's Maiden Name <i>Jennie Hawkins</i>		Mother's Birthplace " " "		
	Name of person giving information <i>Clancy Duckett</i>		How related to deceased <i>Farther</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<i>Burned</i>		How long <i>A few hours</i>
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>		Signature of Physician <i>None in attendance</i>		
	Accident or Suicide? <i>Accident</i>		Address <i>J. M. Nielsen</i> <i>Sub Reg</i>		



Name
in
Full

Jesse Ford

CERTIFICATE OF DEATH

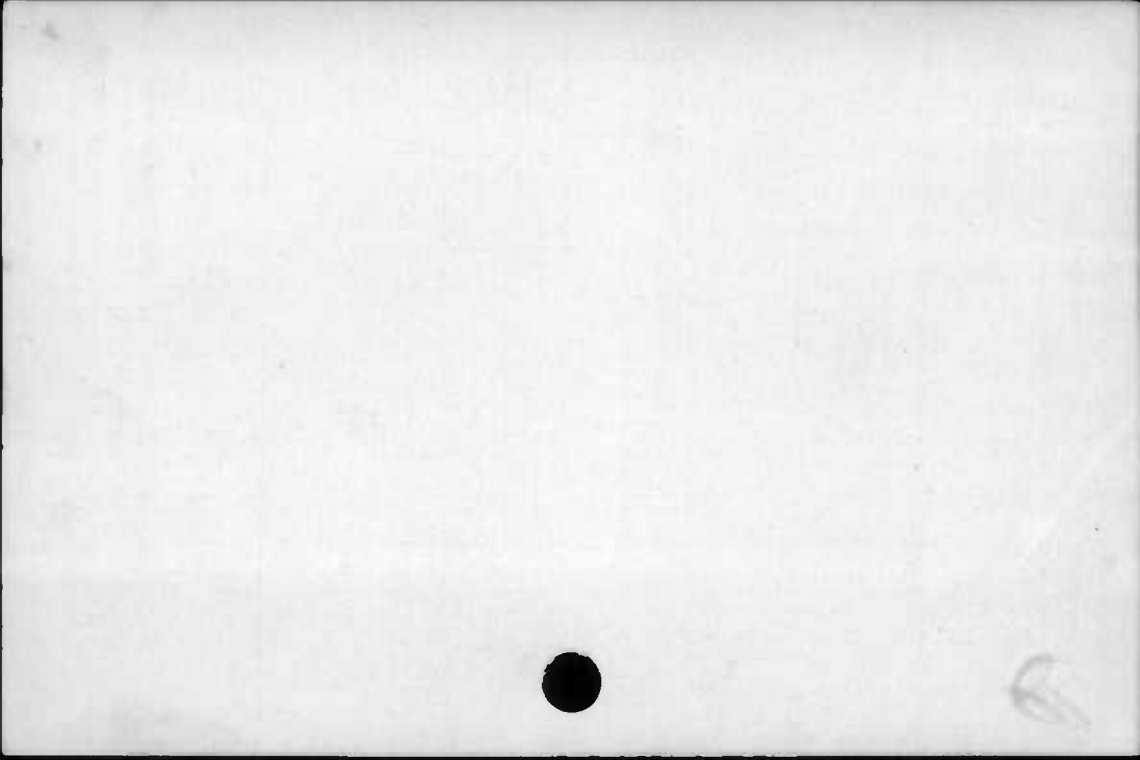
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month	<i>Nov</i>	Day	<i>1</i>	Age	<i>1</i>
Sex		Male		Color or Race		<i>African</i>	
Occupation				Birth-place		<i>Washington DC</i>	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name		<i>Susan Ford</i>		Mother's Birthplace		<i>Charles Co.</i>	
Name of person giving information		<i>John Ford</i>		How related to deceased		<i>Grand-Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. H. H. H. H.</i>	
Address		<i>Bel Air Md.</i>	
Accident or Suicide?			



Name
in
Full

Joseph E Hanson

CERTIFICATE OF DEATH

Town

Died at

Welcome

County

Charles

MARYLAND

Date

of death 1906

Month

Nov

Day

20th

Age

Years

Months

2

Days

Sex

male

Color or
Race

white

Birth-
place

Charles tw

Occupation

man

Where Residing If not
at place of death

—

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Bayard Hanson

Father's
Birthplace

Charles tw

Mother's
Maiden Name

Mary E. Saunders

Mother's
Birthplace

Charles tw

Name of person giving
In formation

Mrs. M. Saunders

How related
to deceased

Grand Father

CAUSES OF DEATH

Primary

Haemophilia

95

How long

since birth

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. B. Owen

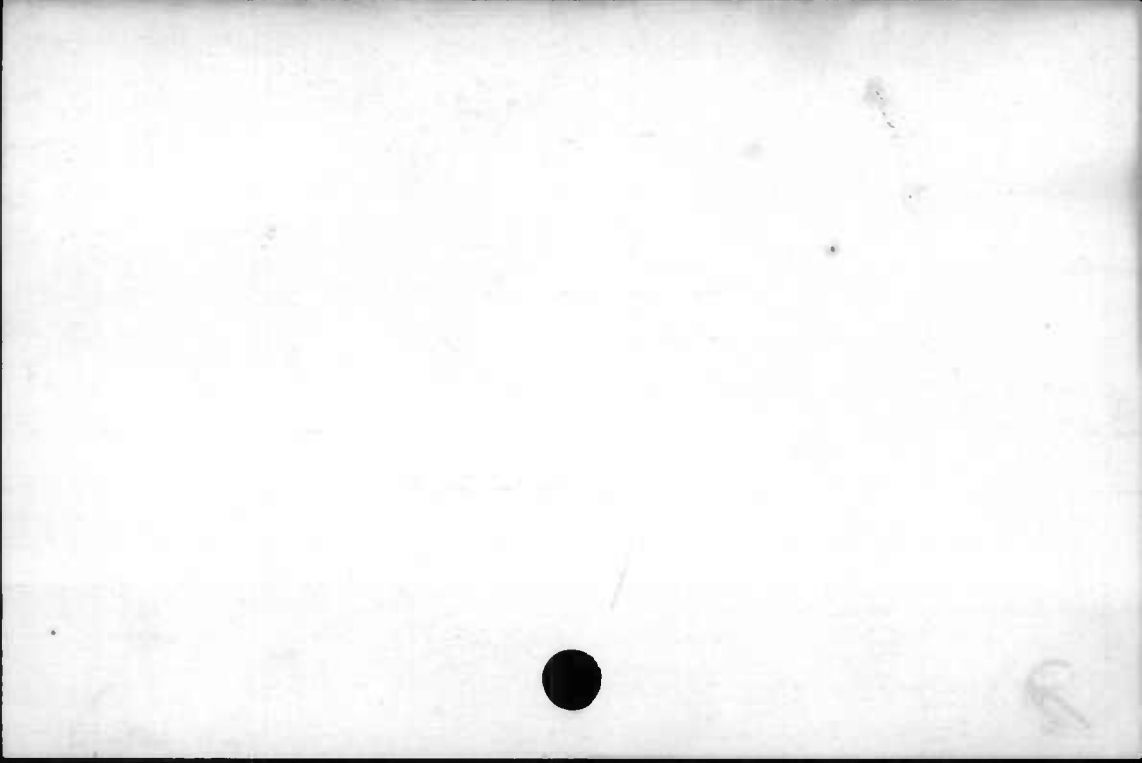
Address

La Plata

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Estrell Hemsley</i>		County <i>Chas</i>		MARYLAND	
Died at <i>Glymont</i>		Town <i>Glymont</i>		State <i>Maryland</i>	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i></i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Robert Hemsley</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Bellie Turner</i>		Mother's Birthplace <i>Washington</i>			
Name of person giving information <i>Robert Hemsley</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John P Marshall</i>	
		Address <i>Sub Ry</i>	
Accident or Suicide? <i>No</i>			



8

Name
in
Full

Jerry Henson

CERTIFICATE OF DEATH

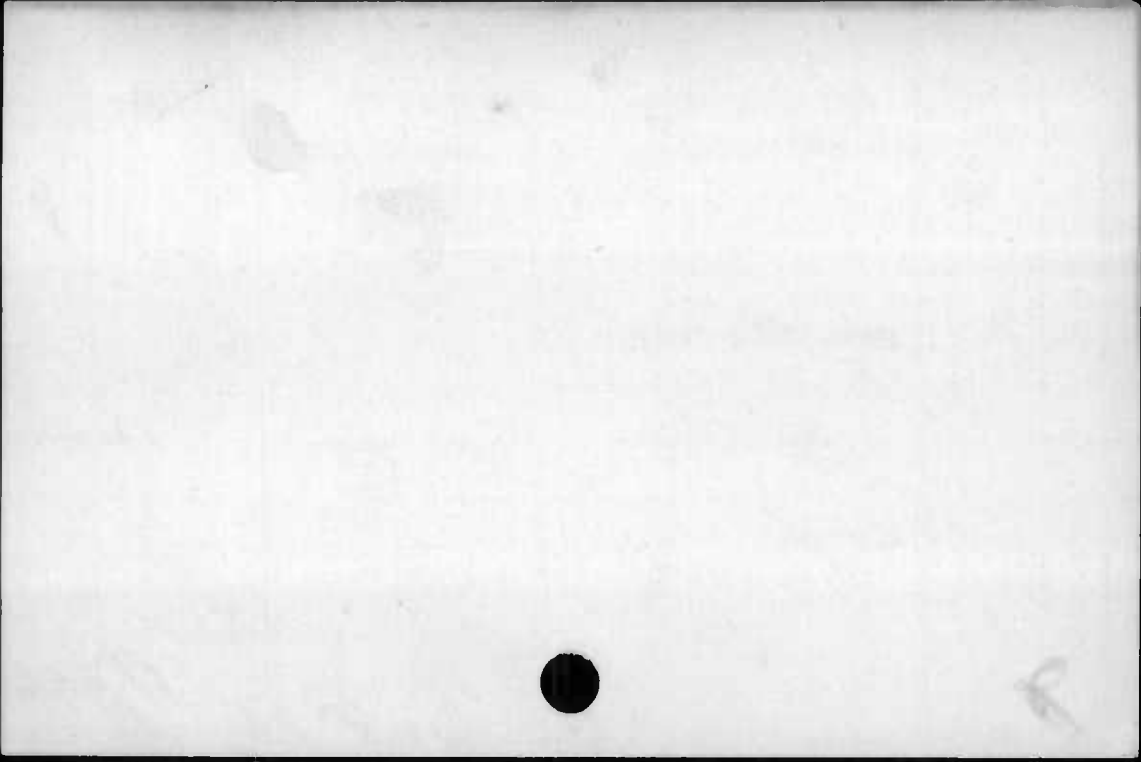
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fallbrook</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>24</i>	Years <i>83</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>African</i>		Birthplace <i>Charles Co.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Emilie Henson</i>			
Father's Name <i>Thomas Henson</i>		Father's Birthplace <i>Chas Co.</i>			
Mother's Maiden Name <i>Sarah not known</i>		Mother's Birthplace <i>Chas. Co.</i>			
Name of person giving information <i>Richard Mitchell</i>		How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease & Cardiac</i>	How long <i>4 years</i>
Immediate <i>Cardiac Failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Officer [illegible]</i>
	Address <i>1011 Alton</i>
	<i>Chas Co. Md</i>
Accident or Suicide?	



Name
in
Full

William. Henson

CERTIFICATE OF DEATH

Died at *near* *Orange mry* Town*charles* County

MARYLAND

Date
of death *1906*Month *11*Day *11*

Age

Years

Months *3*

Days

Sex *male*Color or
Race*Black*Birth-
place*md*

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name~~*Ever Henson*~~Father's
BirthplaceMother's
Maiden Name*Ever, Henson*Mother's
Birthplace*md*Name of person giving
In formation*William Reg*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

croop

How long

Immediate

9

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm. Attendant*

Address

*James M. Wheeler
Sub Registrar*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



4

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *George L. Jackson*
Town *Piogah*County *Charles*Date
of death *1906*Month
*Nov*Day
*13*Age
Years *16*Months
*3*Days
*—*Sex
*Male*Color or
Race *Colored*Birth-
place *Maryland*Occupation
*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Fred Jackson*Father's
Birthplace *Maryland*Mother's
Maiden Name *Lizzie Jackson*Mother's
Birthplace *Maryland*Name of person giving
information *Edward Jackson*How related
to deceased *Brother*

CAUSES OF DEATH

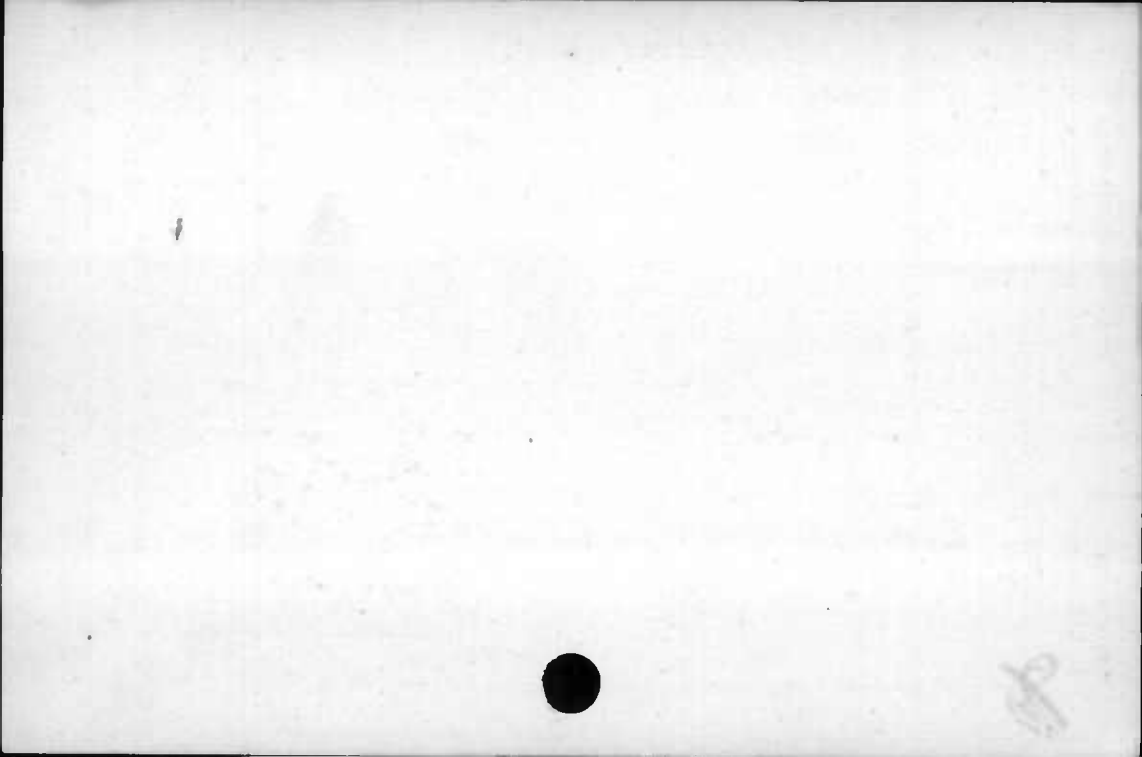
Primary *Pulmonary Tuberculosis*How long
5 months

Immediate

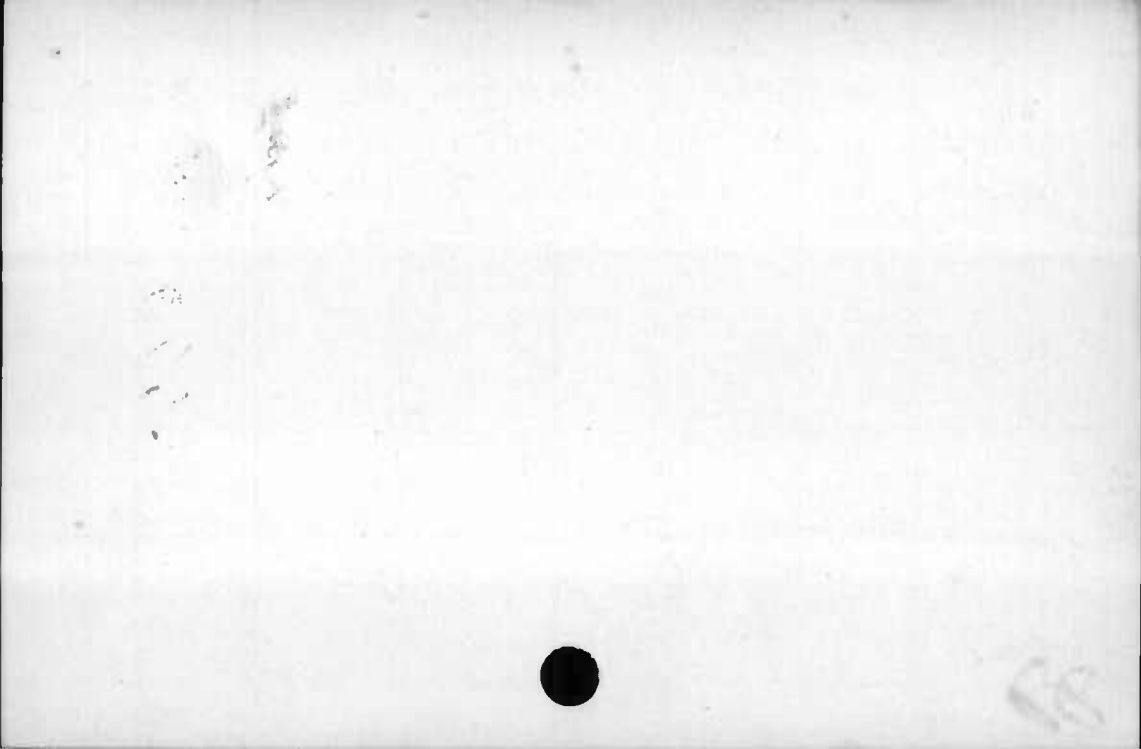
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *Geo. B. Bicknell*Address
Piogah, Md.

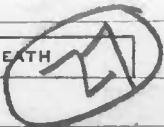
Accident or Suicide?

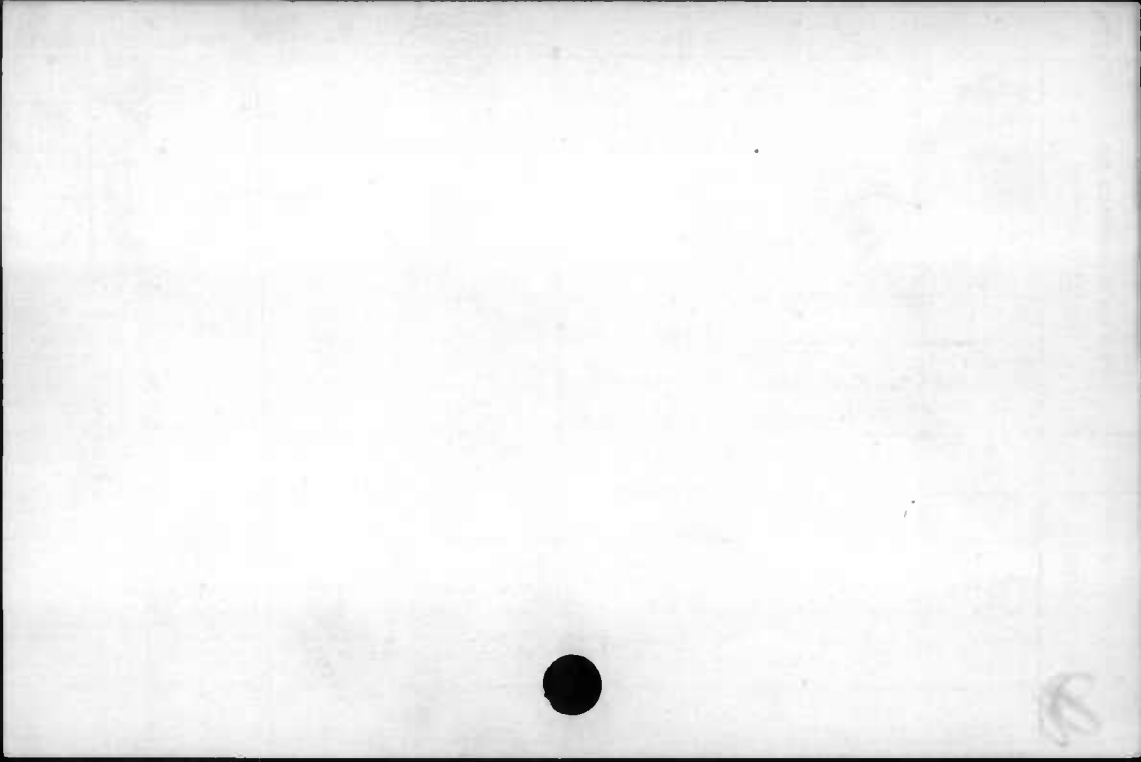
PHYSICIAN
OR CORONER



Name in Full		Jessie Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	River Side		County		Charles	
	Date of death		1906	Month	11	Day	10
	Age		44		Years	Months	Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation		Farmer		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
PHYSICIAN OR CORONER	Name of person giving information		Steven Lawson		How related to deceased		Tricia
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Cancer of the throat				How long	about 1 month
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?				Grayton		over	



Name in Full		Albert Kelly				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>New La Plata</i>		Town <i>Charles</i>		County		
		Date of death <i>1906</i>		Month <i>Nov</i>	Day <i>30</i>	Years <i>36</i>	Months <i>7</i>	Days <i>2</i>
		Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Charles tw</i>		
		Occupation <i>labourer</i>		Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Susan Kelly</i>				
		Father's Name <i>Benjamin Kelly</i>		Father's Birthplace <i>Charles tw</i>				
Mother's Maiden Name <i>Helen Ford</i>		Mother's Birthplace <i>Charles tw</i>						
Name of person giving information <i>Susan Kelly</i>		How related to deceased <i>wife</i>						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>								
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>		How long <i>9 or 10 months</i>				
		Immediate <i>Exhaustion - Throat failure</i>		How long <i>—</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. S. Owen, M.D.</i>				
				Address <i>La Plata Md</i>				
Accident or Suicide? <i>—</i>								



Name
in
Full

CERTIFICATE OF DEATH

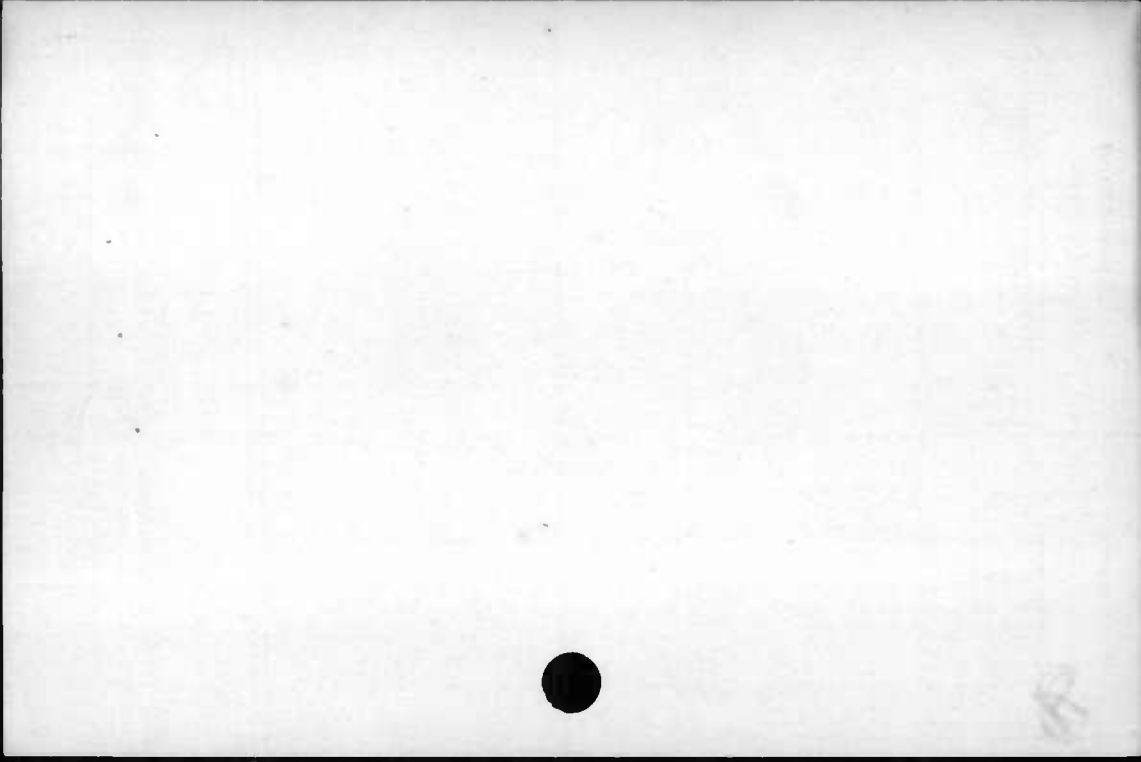
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wicomico</i> ^{Town}			<i>Charles</i> ^{County}			MARYLAND	
Date of death <i>1904</i>		Month <i>Nov</i>	Day <i>2</i>	Age <i>8</i>		Months <i>8</i>	Days
Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place <i>Charles</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>Charles</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Herminie Knott</i>				Father's Birthplace <i>Charles</i>			
Mother's Maiden Name <i>Ida Thomas</i>				Mother's Birthplace <i>Charles</i>			
Name of person giving information <i>John Thomas</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not-Known</i>	How long <i>two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W J Yates</i>
	Address <i>Sub Registrar</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Man La Plata* ^{Town} *Charles* ^{County}Date of death *1906* ^{Month} *Nov* ^{Day} *27* ^{Years} *9* ^{Months} *—* ^{Days} *—*Sex *female* Color or Race *colored* Birth-place *Charles Co*Occupation *none* Where Residing If not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Abner Lee* Father's Birthplace *Charles Co.*Mother's Maiden Name *Lizzie Hawkins* Mother's Birthplace *Charles Co.*Name of person giving information *Johnnie Lee* How related to deceased *brother*

CAUSES OF DEATH

Primary *Burns (from explosion & fire)*

How long

Immediate *Chock*

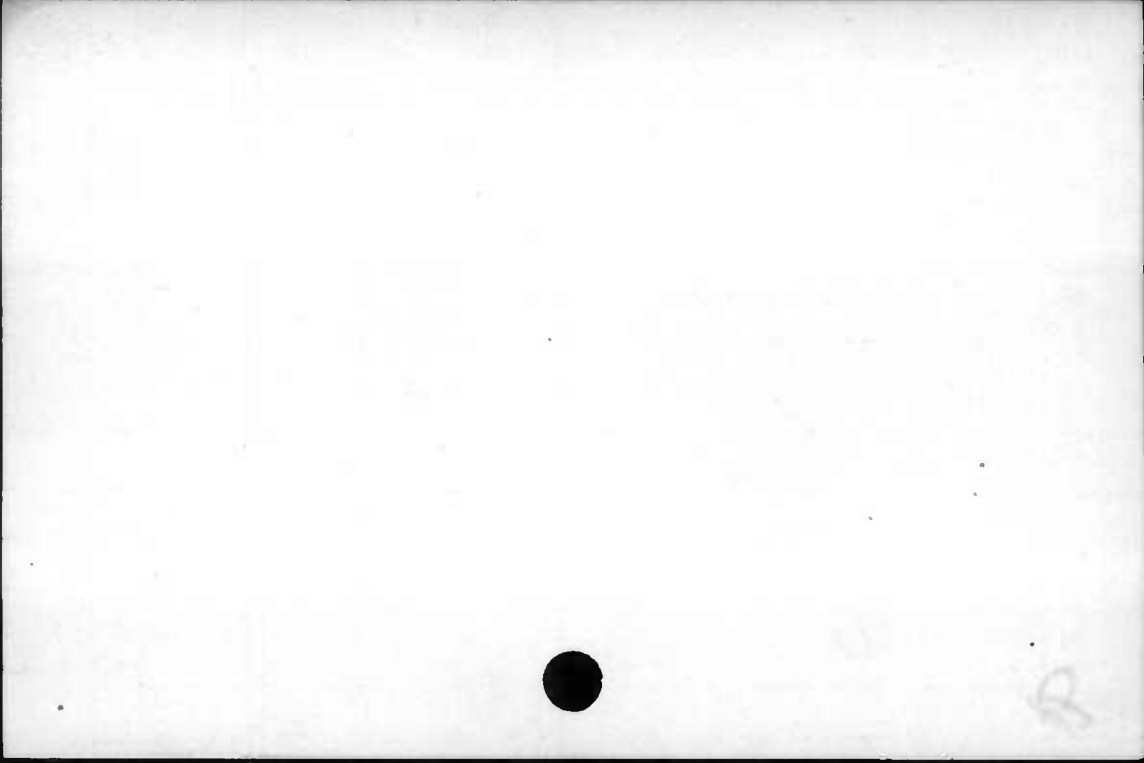
How long

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Accident or Suicide? *Accident*



Name
in
Full

Julius Linkins

CERTIFICATE OF DEATH

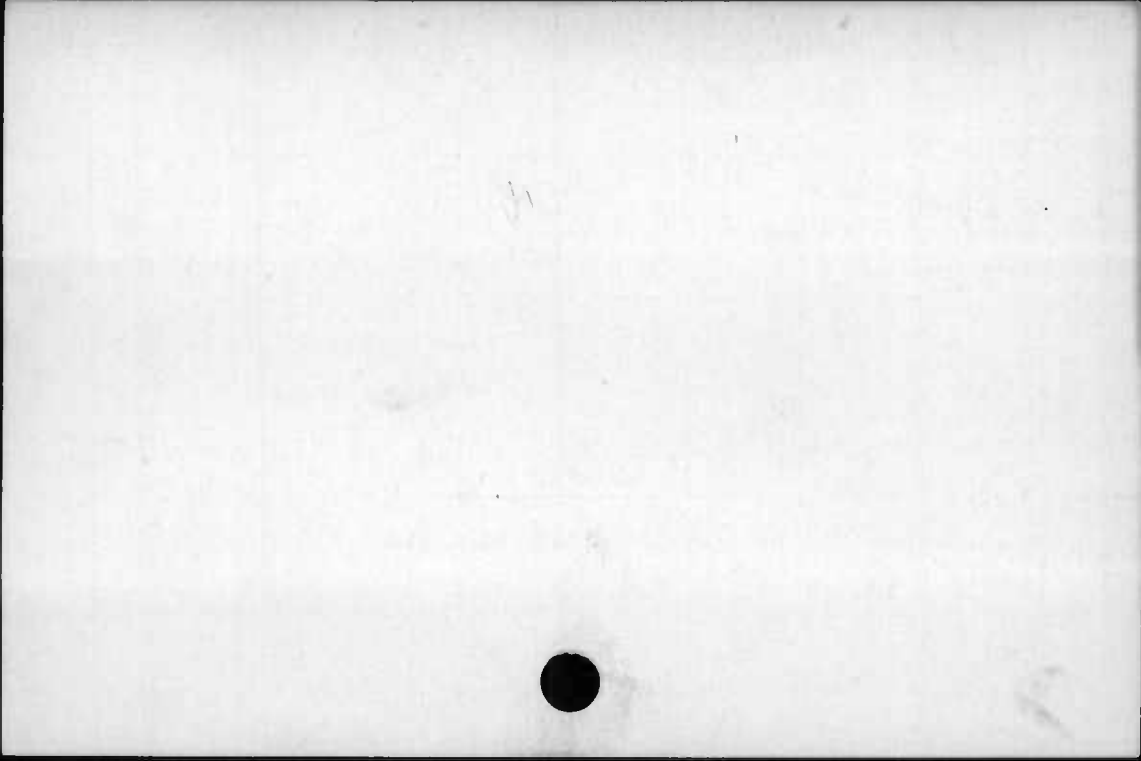
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Falmouth</i> Town		<i>Chas.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>23</i>	Years <i>19</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>African</i>		Birthplace <i>Montgomery Co.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Berwyn</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John E. Linkins</i>	Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Idea Butler</i>	Mother's Birthplace <i>Prince G. Co.</i>				
Name of person giving information <i>James Linkins</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>14 Months</i>
Immediate <i>Heart Failure</i> <i>due to long journey</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Effner</i>
	Address <i>Port Allen</i>
	<i>Charles C. Hall</i>
Accident or Suicide?	



Name
in
Full

Mrs Kate Miles

CERTIFICATE OF DEATH

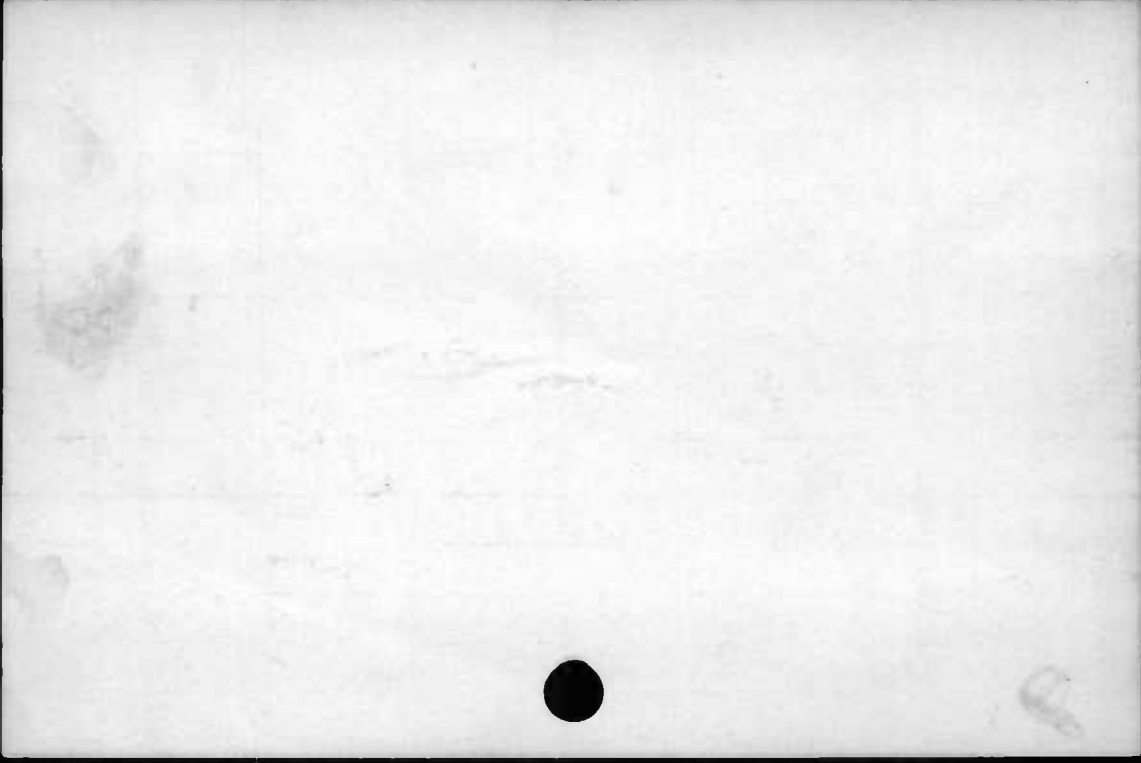
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Misport</i> ^{Town} <i>Ind.</i> ^{County} <i>Celander</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>15th</i>	Age <i>60</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cheas Co Md</i>	Months <i>8</i> Days <i>8</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>James N Miles</i>			
Father's Name <i>Reredy Carlin</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Sarah E. Edlin</i>		Mother's Birthplace <i>Cheas Co Md</i>	
Name of person giving information <i>Joseph Johnson</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Carcinoma</i>	How long <i>about 1 1/2 years</i>
Immediate <i>Asthma et relaxation</i>	How long <i>3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Cecil</i>
	Address <i>Wicomico Md.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Rufus Neal

CERTIFICATE OF DEATH

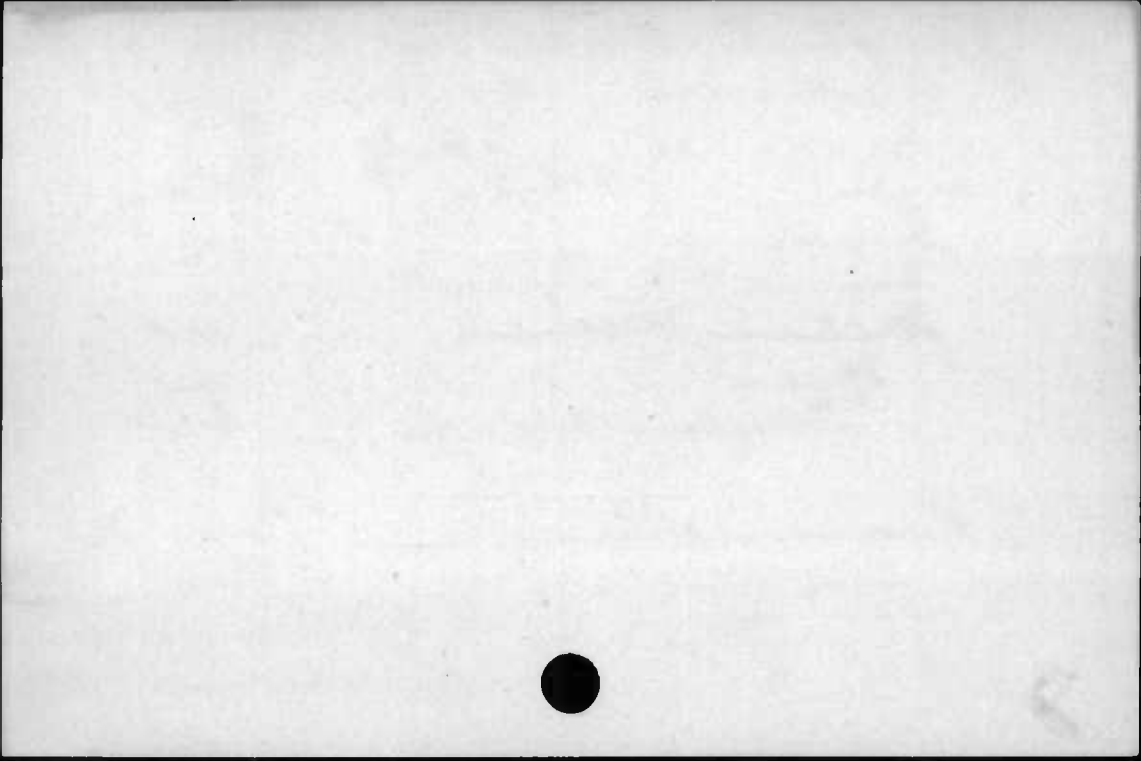
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chickamunyan</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND			
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>C</i>		Birth-place <i>MD.</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>John Neal</i>		Father's Birthplace <i>MD.</i>					
Mother's Maiden Name <i>Susie Milstead</i>		Mother's Birthplace <i>MD.</i>					
Name of person giving information <i>John Neal</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>died from natural causes</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>They are to best of my knowledge and belief</i>		Signature of Physician <i>none in attendance</i>	
Accident or Suicide?		Address <i>Chas. D. Carpenter's Sub. Bldg. Pizgan MD.</i>	



Name
in
Full

CERTIFICATE OF DEATH

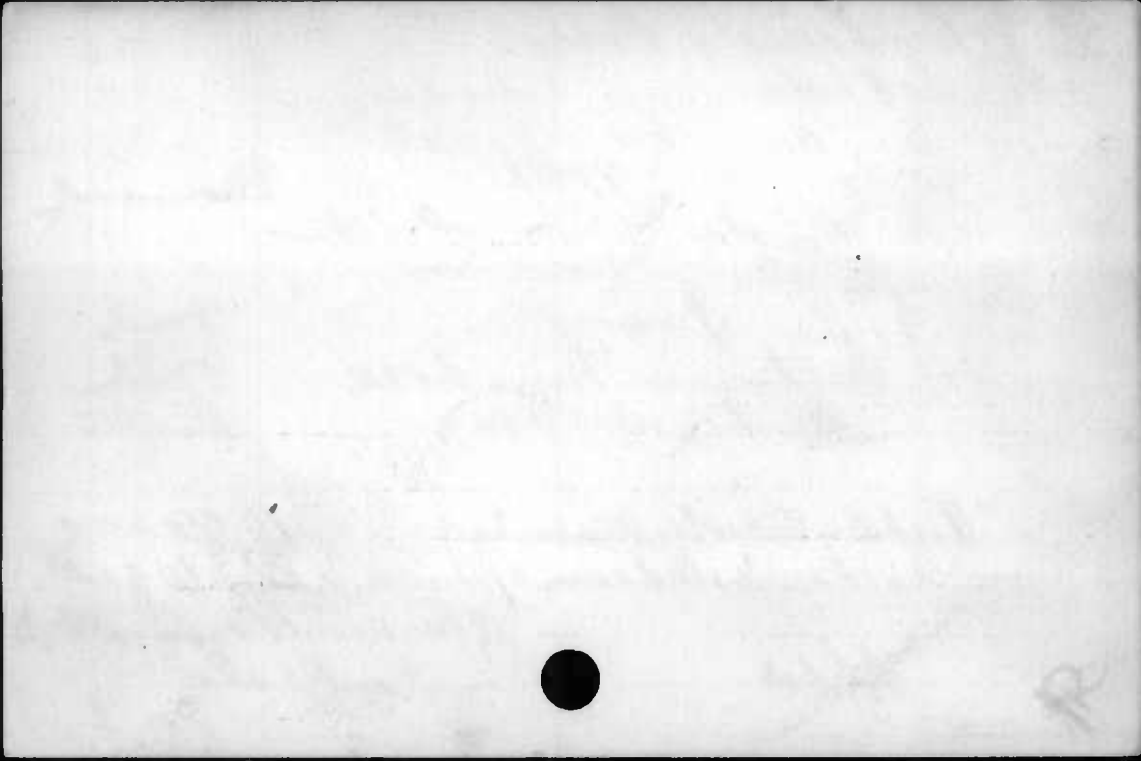
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		11	25	66			
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Farmer			Where Residing if not at place of death	Md		
Married, Single or Widowed	Married			Name of Wife or Husband	Lizzie Murphy		
Father's Name	William Pickerton				Father's Birthplace	Md	
Mother's Maiden Name	Nellie				Mother's Birthplace	Md	
Name of person giving information	Douglass Pickerton				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 yrs
Immediate	Exhaustion	How long	3 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. C. Chapman M.D.
		Address	Huglestown Md
Accident or Suicide?			



Name in Full *John Francis Posey*

CERTIFICATE OF DEATH

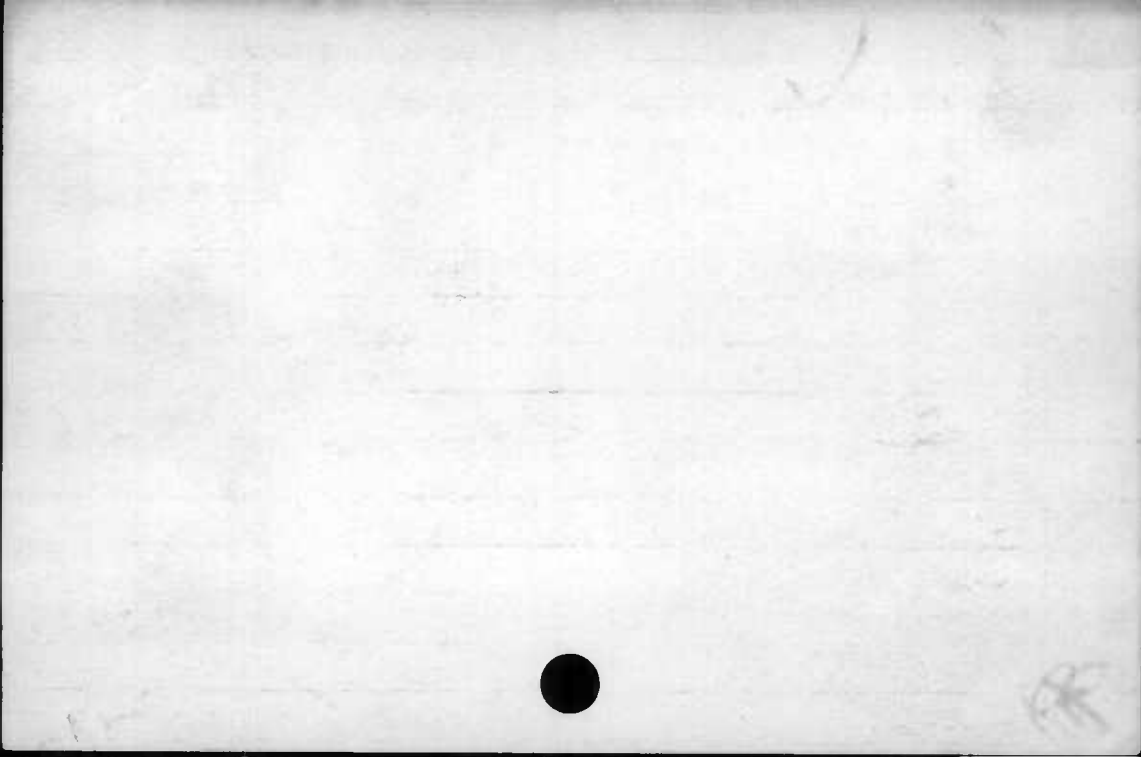
Died at <i>La Plata</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>11.</i>	Day <i>20</i>	Age <i>68.</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Printer</i>				
Name of Wife or Husband					
Father's Name <i>John Posey</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Catherine Murdock</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Catherine Posey</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

Primary <i>Tuberculosis. Malaria</i>	How long <i>10 years</i>
Immediate <i>Aschemia, Odema of Lungs</i>	How long <i>Six Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. L. Harmon M.D.</i>
<i>Yes</i>	Address <i>La Plata Ind.</i>
Accident or Suicide?	

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
In
Full

Wilbourn Prickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	28	13	3	5	24
Sex	Male		Color or Race	African		Birth-place	Charles Co
Occupation	_____			Where Residing If not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	Oscar C Prickett					Father's Birthplace	Charles Co
Mother's Maiden Name	Carline Butler					Mother's Birthplace	Charles Co
Name of person giving information	Oscar C Prickett					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burn of Entire Body	How long	_____
Immediate	Shock	How long	11 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Effner
Yes		Address	Bel Air Md
Accident or Suicide?			



11

Name
in
Full

CERTIFICATE OF DEATH

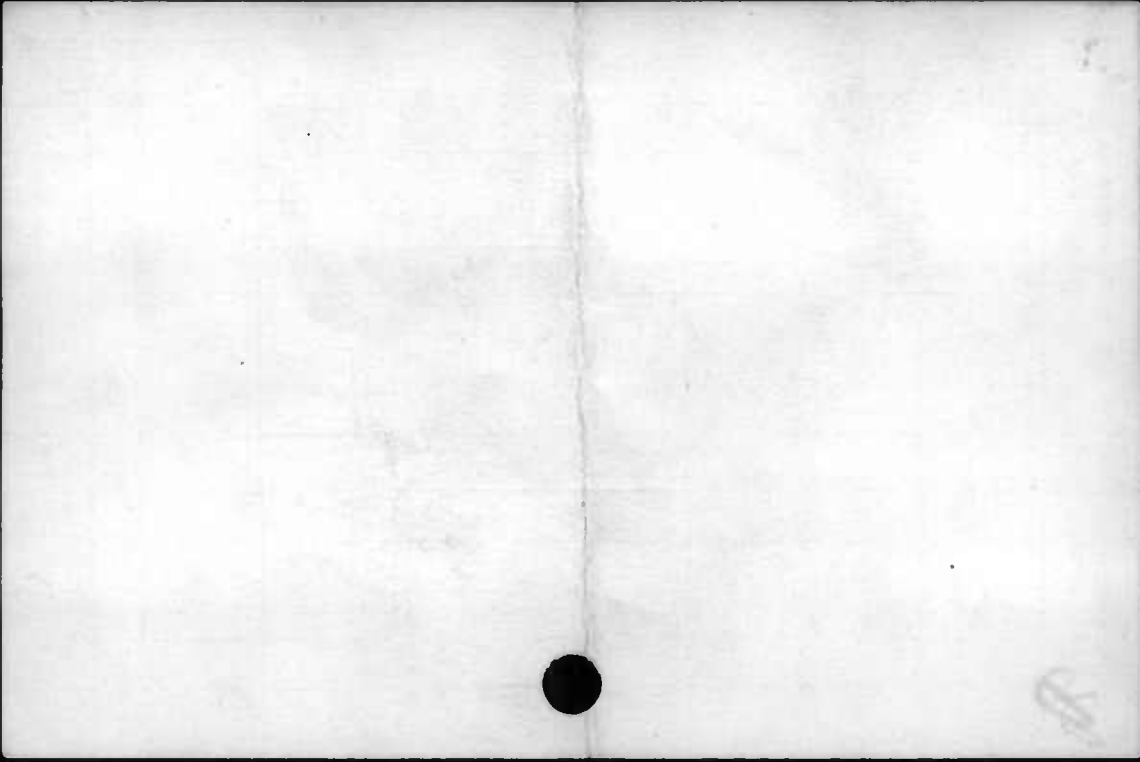
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ralph Robey</i>		Town <i>Perry</i>		County <i>Charles</i>		MARYLAND					
Died at <i>Perry</i>		Month <i>Nov</i>		Day <i>4</i>		Age <i>9</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>4</i>		Age <i>9</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ches Co. Ind.</i>							
Occupation <i>—</i>				Where Residing if not at place of death <i>Ches Co. Ind.</i>							
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry J. Robey</i>				Father's Birthplace <i>Ches Co Ind.</i>							
Mother's Maiden Name <i>Elizabeth C. Martin</i>				Mother's Birthplace <i>Ches Co Ind</i>							
Name of person giving information <i>Geo. J. Thompson</i>				How related to deceased <i>Niece</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>Two days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Mitchell M.D.</i>	
		Address <i>Perry Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Infant Simmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Locust Grove Town Chas County

Date of death 1906 Nov. 25 - Age Years Months Days 2

Sex male Color or Race C Birth-place Locust Grove, Md.

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Milburn Simmes

Father's Birthplace bdb Neck. Md.

Mother's Maiden Name Rutha Simmes

Mother's Birthplace bdb Neck. Md.

Name of person giving information Milburn Simmes

How related to deceased Father

CAUSES OF DEATH

Primary Spasms -

How long 2 days
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Perry Sub Reg
Harris's

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Charles D. Thomas

Town

County

MARYLAND

Died at

Prigantown

Charles

Date

Month

Day

Years

Months

Days

of death 1906

Nov.

12

Age

48

Sex

Male

Color or
Race

Coid

Birth-
place

Und

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joe Thomas

Father's
Birthplace

Und

Mother's
Maiden Name

Anna Staley

Mother's
Birthplace

Und

Name of person giving
information

Wm. Thomas

How related
to deceased

2nd Cousin

CAUSES OF DEATH

Primary

Heart disease

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

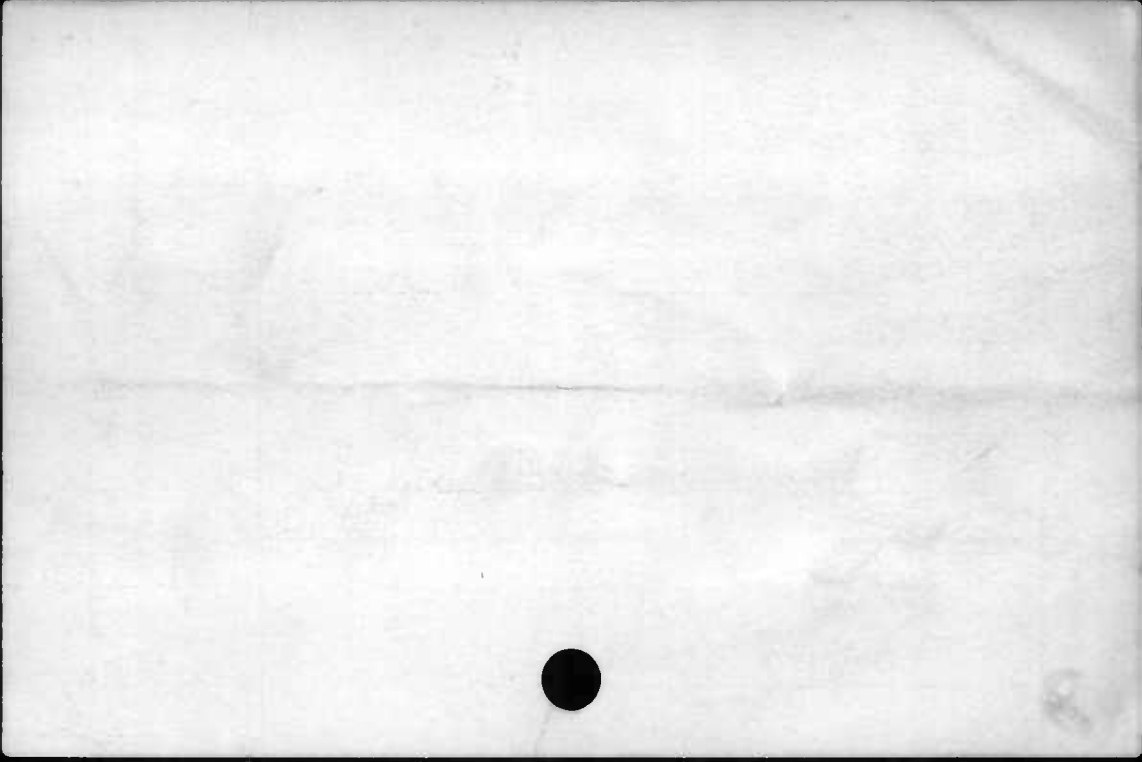
Address

J. B. Garrison
Prigantown
Und

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lloyd Townshend

CERTIFICATE OF DEATH

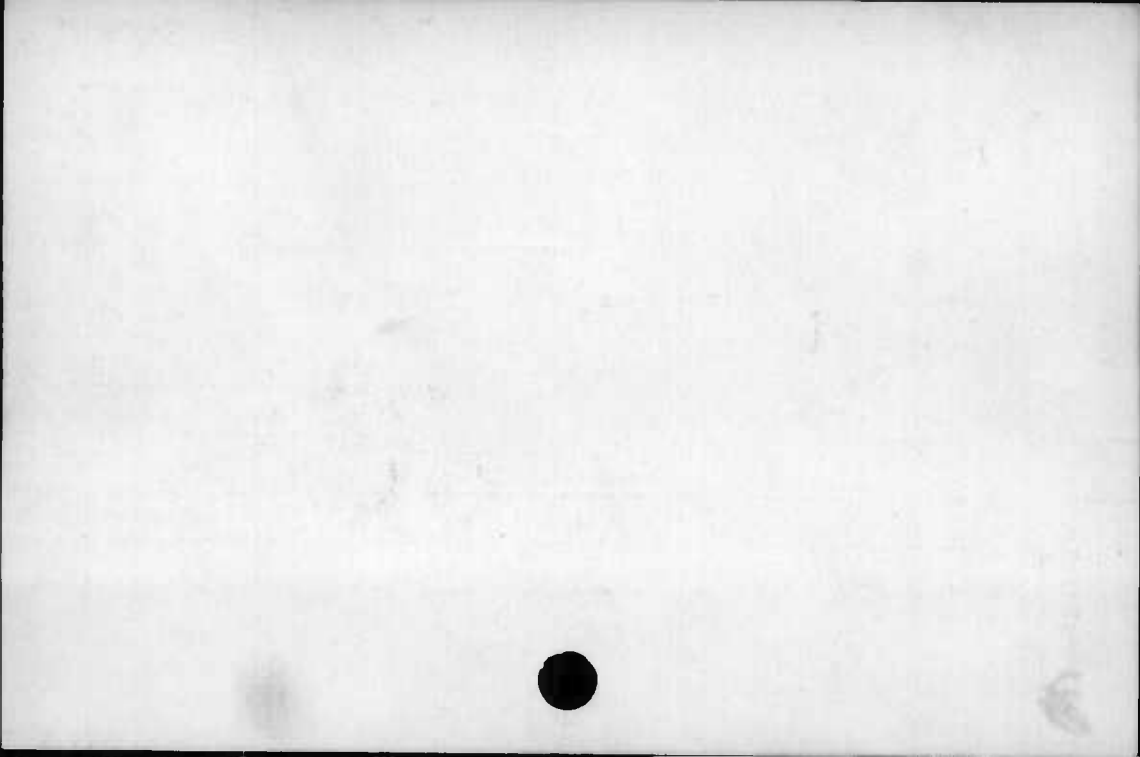
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Alton</i> Town		<i>Charles</i> County		MARYLAND			
Date of death	<i>1906</i>	Month <i>Mar.</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Bel Alton</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Howard A. Townshend</i>				Father's Birthplace <i>Prince George</i>			
Mother's Maiden Name <i>A. M. Harrison</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Howard A. Townshend</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental Burns</i>	How long <i>2 weeks</i>
Immediate <i>Pulmonary Edema + Cardiac</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Efferness</i>
	Address <i>Bel Alton</i>
	<i>Charles C. Hill</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

J Spaulding Washburn

Died at <i>Newport</i>		County <i>Calverton</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>33</i>	Years <i>33</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Char. Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Emma Washburn</i>					
Father's Name <i>James Washburn</i>			Father's Birthplace <i>Char. Co Md</i>		
Mother's Maiden Name <i>Ann Thompson</i>			Mother's Birthplace " " "		
Name of person giving information <i>Julian Thompson</i>			How related to deceased <i>Step Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart's ulcer with complications</i>	How long <i>6 weeks</i>
Immediate <i>General exhaustion</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Spaulding Bee Allen</i>
	Address <i>C. L. Civil Wisconsin Md</i>
Accident or Suicide? <i>No</i>	

